	QUALIFIED SU	PPLIER	'S LIST APPLIC	ATION	
QSLM/QLSD CATEGORY (O-RINGS)	1. TYPE OF APPLICATION	QSLM INITIA		REVISION	2. DATE
NOTE: COMPLETE ALL ITEMS. INSERT N/A	IN ITEMS NOT APPLICABLE	. SEE REV	ERSE FOR APPLICABLE	DEFINITIONS.	
PUBLIC REPORTING BURDEN FOR THIS CO REVIEWING INSTRUCTIONS, SEARCHING THE COLLECTION OF INFORMATION, INCL ACQUISITION POLICY, GSA, WASHINGTO	EXISTING DATA SOURCES, UDING SUGGESTIONS FOR	GATHERIN	G AND MAINTAINING	THE DATA NEEDED, AND C	OMPLETING AND REVIEWING
3. SUBMIT FORM TO:		4. NAM	E AND ADDRESS OF	APPLICANT (INCLUDE	COUNTY & ZIP CODE)
DEFENSE SUPPLY CENTER 700 ROBBINS AVENUE ATTN: DSCP-ILEA PHONE: PHILADELPHIA, PA 19111-	(215) 737-7019/7017			IF APPLICANT DOES NO CRITERIA	T HAVE A CAGE SEE
PARTNERSHIP CORPORA	FIT ORGANIZATION ATION INCORPORATED HE LAWS OF THE		RESS TO WHICH SO IFFERENT THAN ITE	LICITATIONS ARE TO B	E MAILED
	7. NAMES OF O	FFICER, C	DWNERS, OR PARTI	VERS	
A. PRESIDENT	8. VICE PRESIDE	NT	4	C. SECRETARY	
D. TREASURER	F. OC MGR (INC	SL TEL)			
8. AFFILIATES OF APPLICANT (NAM	IES, LOCATION AND NA	TURE OF	AFFILIATION. ATT	ACH SEPARATE SHEET	F NECESSARY)
9. PERSONS AUTHORIZED TO SIGN	OFFERS AND CONTRAC	TS IN YO	UR NAME (INDICA	TE IF AGENT)	
NAME	OFFICIAL CA	PACTUY	TEL	EPHONE NO. AND FAX	NO. (Include area code)
	1. 474 Bally			(MINISTRA)	**
10. SIZE OF BUSINESS (SEE DEFINITIONS ON PAGE 2)	SMALL BUS		(INCLUDING A	MBER OF EMPLOYEES FFILIATES FOR FOUR ALENDAR QUARTERS)	
11. TYPE OF OWNERSHIP (SEE DEF DISADVANTAGED BUSINESS	NITIONS ON PAGE 2) WOMEN OWNED BUSINESS	12. TY	PE OF BUSINESS (S MANUFACTUR	EE DEFINITIONS ON PAGER DIST	GE 2) RIBUTOR
13. DUNS NO. (IF AVAILABLE)			14. DATE BUSINESS STA	ARTED	
15. FLOOR SPACE (SQUARE FEET)	A. MANUFACTUR	ING	B. WA	AREHOUSE	
16. NET WORTH					
CERTIFICATION - I CERTIFY THAT INFORMATION CONCERN) IN ANY CONNECTION WITH THE APP AGENCY OF THE FEDERAL GOVERNMENT FROM UNDERSTOOD THAT ANY DISCREPANCIES OR CAPPLICATION. THE PENALTY FOR MAKING FAL	LICANT AS A PRINCIPAL OR OF MAKING OFFERS FOR FURNISH MISSIONS IN THIS APPLICATION	FICER, 50 FA IING MATERI N WHEN COI	AR AS IS KNOWN, IS NOW ALS, SUPPLIES, OR SERVI WPARED TO GOVERNMEN	V DEBARRED OR OTHERWISE DE CLS TO THE GOVERNMENT OR	CLARED INELIGIBLE BY ANY ANY AGENCY THEREOF, IT IS
17 NAME AND TITLE OF PERSON AUTHORIZED	TO SIGN ITYPE OR PRINT)		18. SIGNATURE		19. DATE SIGNED
20. E-MAIL ADDRESS:		21. P	HONE NUMBER:		•

DEFINITIONS OF TERMS

SIZE OF BUSINESS DEFINITIONS (SEE ITEM 10)

A. SMALL BUSINESS CONCERN

A SMALL BUSINESS CONCERN FOR THE PURPOSE OF GOVERNMENT PROCUREMENT IS A CONCERN, INCLUDING ITS AFFILIATES, WHICH IS INDEPENDENTLY OWNED AND OPERATED, IS NOT DOMINANT IN THE FIELD OF OPERATIONS IN WHICH IT IS COMPETING FOR GOVERNMENT CONTRACTS, AND CAN FURTHER QUALIFY UNDER THE CRITERIA CONCERNING NUMBER OF EMPLOYEES, AVERAGE ANNUAL RECEIPTS, OR THE OTHER CRITERIA, AS PREPARED BY THE SMALL BUSINESS ADMINISTRATION. (SEE CODE OF FEDERAL REGULATIONS, TITLE 13, PART 121, AS AMENDED, WHICH CONTAINS DETAILED INDUSTRY DEFINITIONS AND RELATED PROCEDURES).

B. AFFILIATES

BUSINESS CONCERNS ARE AFFILIATES OF EACH OTHER WHEN EITHER DIRECTLY OR INDIRECTLY (I) ONE CONCERN CONTROLS OR HAS THE POWER TO CONTROL THE OTHER, OR (II) A THIRD PARTY CONTROLS OR HAS THE POWER TO CONTROL BOTH. IN DETERMINING WHETHER OR NOT AFFILIATION EXISTS, CONSIDERATION IS GIVEN TO ALL APPROPRIATE FACTORS INCLUDING COMMON MANAGEMENT AND CONTRACTUAL RELATIONSHIP (SEE ITEMS 8 AND 10A).

C. NUMBER OF EMPLOYEES

IN CONNECTION WITH THE DETERMINATION OF SMALL BUSINESS STATUS, "NUMBER OF EMPLOYEES" MEANS THE AVERAGE EMPLOYMENT OF ANY CONCERN INCLUDING THE NUMBER OF PERSONS EMPLOYED ON A FULL TIME, PART TIME, I HMPORARY OR OTHER BASIS DURING EACH OF THE PAY PERIODS OF THE PERIOD THAT SUCH CONCERN HAS BEEN IN BUSINESS.

TYPE OF OWNERSHIP DEFINITIONS (SEE ITEM 11)

A. "DISADVANTAGED BUSINESS CONCERN"

MEANS ANY BUSINESS CONCERN (1) WHICH IS AT LEAST 51 PERCENT OWNED BY ONE OR MORE SOCIALLY AND ECONOMICALLY DISADVANTAGED INDIVIDUALS; OR, IN THE CASE OF ANY PUBLICLY OWNED BUSINESS, AT LEAST 51 PERCENT OF THE STOCK WHICH IS OWNED BY ONE OR MORE SOCIALLY AND ECONOMICALLY DISADVANTAGED INDIVIDUALS; AND (2) WHOSE MANAGEMENT AND DAILY BUSINESS OPERATIONS ARE CONTROLLED BY ONE OR MORE OF SUCH INDIVIDUALS.

B. "WOMEN OWNED BUSINESS"

MEANS A BUSINESS THAT IS AT LEAST 51 PERCENT OWNED BY A WOMAN OR WOMEN WHO ARE U.S. CITIZENS AND WHO ALSO CONTROL AND OPERATE THE BUSINESS.

TYPE OF BUSINESS DEFINITIONS (SEE ITEM 12)

A. MANUFACTURER OR PRODUCER

IS A PERSON (OR CONCERN) OWNING, OPERATING, OR MAINTAINING A STORE, WAREHOUSE OR OTHER ESTABLISHMENT THAT SUBSTANTIALLY PRODUCES, ON THE PREMISES, THE MATERIALS, SUPPLIES, ARTICLES OR EQUIPMENT OF THE GENERAL CHARACTER LISTED IN THE SUPPLIERS COMMODITY INTEREST/ACTIVITY LIST.

B. DISTRIBUTOR

MEANS A PERSON (OR CONCERN) OWNING.
OPERATING, OR MAINTAINING A STORE,
WAREHOUSE OR OTHER ESTABLISHMENT IN WHICH
THE MATERIALS SUPPLIES, ARTICLES OR
EQUIPMENT OF THE GENERAL CHARACTER LISTED IN
THE SUPPLIERS COMMODITY INTEREST/ACTIVITY
LIST ARE BOUGHT, KEPT IN STOCK, AND SOLD TO
THE PUBLIC IN THE USUAL COURSE OF BUSINESS,
THE CAGE CODE LISTED ON THE APPLICATION MUST
BE THE FACILITY WHERE THE QUALITY CONTROL
FUNCTION IS PERFORMED.

SUPPLIERS COMMODITY INTEREST/ACTIVITY LISTING COMPANY NAME: ÇAGE: **ADDRESS** FSC 5331 O-RINGS SPECIFICATIONS PART TYPES SUPPLIED UNDER THIS SPEC AS 3084 YES/NO YES/NO AS 3085 AS 3208 YES/NO YES/NO AS 3209 YES/NO AS 3551 AS 3570 YES/NO AS 3578 YES/NO M25988/1 YES/NO YES/NO M25988/2 YES/NO M83248/1 M83248/2 YES/NO YEŞ/NO MS83461/1 M\$83461/2 YES/NO MS9386 YEŞ/NO MS9770 YES/NO M\$28773 YES/NO YES/NO MS28774 YES/NO MS28775 MS28778 YES/NO YES/NO MS29513 M\$29561 YES/NO × * **REMARKS/LIMITATIONS**

REFERENCES

To facilitate the Qualification Process, and eliminate unnecessary site-surveys, we request that you provide the following information with regards to prior INDUSTRY surveys/audits conducted at your site within the last 18 months. Please also include data on association certifications, e.g. ISO 9002, NADCAP, etc.

Ref	ting	Point of contact at Conducting Company Date & Purpose of most Date Initial	Date & Purpose of most	ADCAP, etc. Date Initially Approved as a
‡a:	Survey/Audit	(Include telephone with Area Code)	recent Survey/Audit	Supplier for that Company
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